HIE Workgroup Meeting Summary

Workgroup: BTO and TI Workgroup

Meeting Date: February 26, 2010

Location: ACHI, Executive Conference Room

Agenda Items:

Introductions

Disclosure forms and in-kind tracking

Review previous meeting summaries (BTO and TI Workgroups)

HIE Scope of Use

HIE shared services

Use cases in reference to Meaningful Use

Define perliminary use cases for AR HIE

HIE landscape assessment/review

Pilot project underway: UAMS and JRMC

Workgroup meeting schedule

Combined TI and BTO workgroups meeting schedule and format

Discussion Highlights:

Introductions were made, disclosure and in-kind rate selection forms were discussed.

HIE shared services: a business model diagram developed by George Platt (co-chair, BTO WG) was discussed and adopted by the workgroup members. Shared services were discussed as follows: ePrescribing not a utility of the HIE but allows for information exchange, components missing in the proposed shared services document - history and discharge summaries.

Functional components of the HIE will be phased in stages. The proof of concept (POC) phase will include the elements that will be outlined in the HIE strategic plan with the incorporation of the stages outlined in the operational plan. The initial functionality should be focussed on the low hanging fruit (functionality currently being utilized by the healthcare community), such as the MPI, laboratory orders, medication and progress notes / summaries. Revise the shared services based on who utilizes and create a priority list of users: Clinicians / Hospitals, Public Health, Payers, Citizens. During the development phase the patient (citizen) components may have issues and the HIE needs to be built with the patient's view in mind.

Use Case Discussion

Focus on functionality: i.e. laboratory ordering - community hospitals would rely on the HIE to make lab orders. This would not just be information exchanged but also a transactional exchange. Does this need to be on the HIE backbone. Opinion: this should be an EHR/EMR requirement not HIE.

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Use Case Discussion con't.

The following changes to the use cases were requested: concentrate on secondary data/information exchanges and marry the use case to Meaningful Use criteria and timeline.

Overview of JRMC and UAMS Pilot Project

The pilot project consists of a specific order exchange between the two hospitals: a patient transfer from JRMC to UAMS. The hospitals are using an open source integration engine provided by a single company. This tool can be loaded on a server or a utility server can be purchased from the manufacturer. The exchange triggers an ADT message which will spawn off a booking record between the 2 hospitals. JRMC still contacts UAMS but the booking record is sent to UAMS.

Registration triggers a transmission of a clinical care summary which includes multiple data units, is currently HL7 but will convert to XML, account information is transmitted but there is no approval/authorization prompt between the entities. The information exchange is automatic once the registration takes place. This is still secondary data exchange and needs to be identified as such.

Issues Discussed

The use of primary and secondary data and the formatting of the data for inclusion or aggregation.

HIE will allow for longitudinal data analysis and access.

Sustainability/simplicity/expandability needs to be kept as a focus and needs basic functional components.

HIE Modeling

In the HIE model, transactions are taking place behind the scenes.

Registration system connects to statewide MPI that identifies where patient received care and directs to source of information.

Provides a conneciton engine with the standard reporting provided based on rule set.

Develop basic query set for each entity/organization.

Needs web-based interface for "on demand" encounters.

Phases developed - authentication and authorization expansion - once authenticated it's dynamic and doesn't have to be reauthorized.

If JRMC/UAMS project can work with HIE as the POC, the "on demand" functionality can be expanded and included during this phase. Currently, the JRMC/UAMS project is a specific use case - doesn't have a MPI and is a point to point transfer use case. In order for this project to serve as a POC model, the software vendor would have to make some changes as it currently does not have all of the functionality required for HIE. Most major vendors are going down this path of developing tools with the purpose of exchanging information. Additionally, data normalization and standardization tools are under development. Quality assurance for patient reconciliation is vital and standards are needed for what information is transmitted.

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workgroup:	BIO and II Workgroup			
Meeting Date:	ACHI, Executive Conference Room			
Location:				
POC (Pilot) Issues				
Any java virtual mad	chine - open source			
Cost increases based	d on how/where hosted			
Secure messaging to				
Staff and support ne	ecessary for sustaining			
Must speak to an HI				
	or designed MPI, data normalization, etc in o	rder to expand functionality to HIE POC.		
	rchitect not a software vendor			
	ity to decide what goes into EMRS with tags/a	lerts on secondary data		
	ved as document or imported as data			
Practical decision - v	what's the lowest common denominator (scale	e as possible) when building the HIE		
Assignments:				
Task(s)		Assigned Member(s)	Completion Date	Reporting Method
Use cases - marry to Meaningful Use		Tom H.		Email
Update use cases		Shirley Tyson		Email
		Dewey Freeman		Email
Dependencies:				
Completed Tasks:				
Next Steps: Activitie	es defined for next meeting			
Develop RFI parame	eters			